

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
Miller for City Council 2014

AREA CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____

STREET ADDRESS _____

CITY Lake Forest STATE Ca ZIP CODE 92630

Date of This Filing _____

Report No. _____

☐ Amendment to Report No. _____ (explain below)

No. of Pages _____

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497 CONTRIBUTION REPORT
CALIFORNIA FORM 497
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1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|--|
| 10/20/14 | Liz Miller Lake Forest, Ca 92630 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Legal Asst. A Professional Law Corp. Boomer Fitness | \$ 6,000 <input checked="" type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee